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PHYSIC AND PHYSICS.

BY CHARLES K. MILLS, M. D.,

Of Philadelphia.

Read before the Northern Medical Association, of
Philadelphia, September 26th, 1873.

The terms "Physic" and "Physics" are both derived from the same Greek word, *phusis*, "nature;" but each expression, as commonly employed, has a distinct and restricted meaning. The former, in the sense used in this essay, is applied to the art of healing diseases; the latter, to that science which treats of the phenomena presented by masses of matter, particularly those changes of place and condition which bodies undergo without losing their specific identity; thus, for example, it embraces the study of matter as influenced by the molecular forces, by gravitation, sound, light, heat, electricity, magnetism, etc. The term "Natural Philosophy," is frequently used instead of Physics, both having the same general signification.

Hippocrates applied the term *phusis* to a principle supposed to influence all natural phenomena, whether observed in man or in the outer world, regarding this *phusis*, or "nature," as a sort of tutelary deity, promoting the good and redressing the evil in the physical creation. To-day, both physician and physicist are, or should be, pre-eminently students of nature, not as personified in a guardian genius, but as seen in the

works and laws of the universe, in man and all other creatures. Both should go forth, finding "tongues in trees, books in the running brooks, sermons in stones, and good in everything." The names derived from the *phusis* of Hippocrates are still applicable to the medical man and the natural philosopher, although we no longer attach to "nature" the meaning of the "divine old man" of Cos.

Physic and Physics are intimately connected. Medicine owes much that is valuable directly to physical research; and anatomy, physiology, pathology, and even clinical medicine, have often contributed highly important hints and facts to the students of pure physics. Both the art and the science draw their best inspiration from the same source, experiment. Both are founded on the same immutable principles of nature, the same laws of truth.

It is my intention this evening to indicate a few of the many points of intimacy and relationship existing between the medical art and natural philosophy; to show, if possible, the great importance of the latter to the Doctor in medicine; to impress the fact that the physician can make frequent excursions into the realm of physical science, not only without loss to himself as a professional man, but with the certainty of decided benefit.

It would take volumes, instead of a few pages, to enumerate the special contributions of natural philosophy to medicine. I will simply speak briefly, and without any particular arrangement, of a few of the many facts which crowd upon the mind in this connection.

Physics, through the genius of Helmholtz, has given to medicine and surgery the invaluable ophthalmoscope, in which the principles of the reflection and refraction of light, and the formation of images, are so beautifully exemplified. It has thrown a flood of light upon diseases of the eye, through the classical writings of men like Donders and Von Graefe; writings in the main based upon a knowledge of the laws of optics. In an essay upon *Optical Defects*, read before this Association on another occasion, I endeavored to show that no one could justly claim to be an ophthalmologist who did not understand the properties of lenses and the refraction of the eye. It was in great measure owing to the neglect of physics in preliminary medical teaching, that the true explanation of those common optical defects, myopia, hypermetropia and astigmatism, remained so long unknown. Physics has here cleared the way to correct diagnosis and rational treatment.

This science has given to medicine the honor of æsthetic triumphs, as in the case of researches like those of Liebreich upon the *Effects of Faulty Vision in Painting*. Here we see the scientific surgeon becoming the guide and instructor of the painter and art student, in regard to the peculiarities of one of the world's great master artists; we see him explaining the so-called mannerisms of certain artists as due to defects in their eyes.

We cannot afford to neglect a science which, through such investigators as Stokes, Bence Jones, and Tyndall, has given to us the beautiful doctrine of Fluorescence, which has already done so much, and promises to do so much more, for the understanding of organic substances.

I have already spoken in this place of *spectrum analysis*, and its relations to medicine, and need here only allude again to its strong claims to the attention of physicians.

Polarized light has magical analytic powers, which have been used to unveil mysteries of structure that have resisted all other modes of examination, thus coming at times to the assistance of the physiologist and pathologist. It has been used, for instance, to determine the wonderful variations of density in the crystalline lenses of the eyes of animals.

Many practitioners, not yet on the down grade of life, can remember when the mention of electricity as a remedial agent

would have called forth a sneer, or at least, awakened a smile. Although still involved in too much vagueness, and envied by too much humbug, it now holds a position of honor and respectability in therapeutics. It is also recognized as a highly important means of diagnosis. One reason that medical electricity, notwithstanding the discoveries of Faraday, Duchenne, Remak, and others, does not hold a more definite position in medicine, is, because medical students know so little about the principles of electrical science. Crude ideas of physics cause most of the imperfections, abuses, and failures of electro-therapeutics.

Chiefly to physics is due a new and admirable doctrine in regard to capillary blood-vessels. Even without the microscopical observations of Stricker, Prussak, Cohnheim, and others, "the mere progress of physics," says Simon, in Holmes' *System of Surgery*, "would have led us to doubt whether the walls of capillary blood-vessels could any longer, in the sense of 1850, be regarded as continuous stable partitions between contained blood corpuscles and surrounding textures."

That most interesting and promising physical instrument, the thermo-electric pile, has pretty definitely settled the meaning of the symptom "heat in inflammation," substantiating the views of Becquerel and Breschet, Simon and Montgomery, that an inflamed part is actively calorific, and overthrowing the authorities that, following the great Hunter, hold that an inflamed part is passive in the alleged change of temperature.

Delicate thermo-electric piles, with galvanometers, have also been used successfully on the outside of the head, to record alterations in mental condition; and here, probably, opens out an interesting field of future research in the physiology and pathology of the mind. The true psychology must be based upon physics and physiology.

Did time permit, I might, in this connection, speak at great length of such topics as medical thermometry, hydrometry, hypodermic medication, the use of atomizers, of Geissler tubes, which have been employed to illuminate cavities of the human body; of various acoustic instruments, and of a host of optical, electrical and other contrivances used in practical medicine.

Through physical studies we are beginning to understand that mind is simply a

force, the result of nervous processes, and especially of the action of the brain.

A knowledge of animal mechanics, and especially of the mechanism of the human body, is not only useful, but also absolutely necessary to him who aspires to truly deserve the name of physician. The Doctor should understand the living human body as a machine, in and by which certain physical work is performed. The grease which lubricates this machine, the shafts which enter into its construction, its nervous supports, its centre of gravity, its containing chambers, its arches, angles, and appurtenances, all should be known to him. To use the language of Dr. Arnott, a physician and natural philosopher, "the medical man, indeed, is the engineer pre-eminently; for it is in the animal body that the highest perfection and the greatest variety of mechanism are found." He should understand the machine, not only in its parts, in the material of which it is made, but also in its modes of action. He should be thoroughly versed in the dynamics of the human frame; and here forcibly appears the necessity of a study of physics. He cannot comprehend the principles of force as manifested in man, without an acquaintanceship with the principles of the manifestation of force everywhere. To be even an ordinary physiologist he ought to have a clear idea of the conservation of energy, and of the interaction of natural forces, doctrines the elucidation of which have been among the crowning glories of the present century. He should thoroughly appreciate the fact that the chemical, dynamic, thermic, electric, and photic phenomena of the inorganic world have their exact counterparts in organic nature; that, in the various transmutations of force, these organic and inorganic processes are interchanged.

As a source of mental discipline, physics, and particularly the mathematical aspect of the science, is of great importance to the disciples of the healing art. To one who has laboriously worked out some of the severer problems of mechanics, or conscientiously mastered some of the grand dynamical theories of philosophy, the otherwise difficult principles and precepts of medical practice become easily learned lessons.

In the training of what Professor Tyndall terms the scientific imagination, physics offers to the physician a source of benefit

which is often overlooked. Not only in the higher walks of medicine, as in psychology but also in the lesser practical details of our profession, the "compact imagination" often comes into good play, enabling us to "see the invisible," and thus afford swift justice to our patients.

Many medical men appear to live in dread or doubt of those who pursue scientific studies, "as if medicine," to use the words of Golding Bird, "were the only science in which the element of excellence must consist in a profound ignorance of all other subjects." Even some of our great medical thinkers seem to fear that the art of medicine will be neglected, or too largely followed, if branches like physics are allowed to occupy an appreciable space in the mind of the physician or student. "It is undeniable," says the great Trousseau, "that the increased means of investigation possessed in the present day, by multiplying elementary facts, or at all events by rendering them more exact, does not fit the mind for producing more prolific, more practical, or more reliable manifestations of art." He reasons that the mind becomes indolent in proportion to the increase of scientific nations; that scientific processes assist art less than is supposed. He speaks of what chemistry has done for the science of colors; and yet compares unfavorably the artists of the present epoch with the old masters, like Rubens, Van Dyck, and Raphael. Why, he asks, does not the advanced to-day of medicine produce Baillies, Sydenhams, Yortis, and Stolls? He thinks that too large a space in the medical curriculum has been accorded to the preparatory sciences. He argues that our medical predecessors, because of their lack of resources, labored harder to originate, and with grander results, than the men of more modern times; their intellectual power gained by exercise, as the muscles of the wrestler acquire increased strength and firmness. "The very poverty of means," he says, addressing a class of students, "increased the intellectual efforts, and the results were immense, and you, surrounded by a profusion of means, spoiled, enervated, cloyed, with the abundance presented to you, know only how to receive and gorge, while your lazy intellects are smothered with obesity and are sterile."

This, gentlemen, is another side of the question, and words coming from such an

authority are certainly worthy of attention; but great men, especially if they happen to be born on French soil, are inclined sometimes to overdraw their pictures. Sincere as may be our respect for the illustrious Trousseau, let us not too quickly pin our faith to his dictum; let not his enthusiasm for hospitals and clinics, clinics and hospitals, lead us to overlook sciences like physics, which have contributed so vastly to our means of clinical instruction and hospital practice. Although medicine is more of an art than a science, yet pure science is the backbone of the art, and we must have, at least, a fair understanding of scientific theories, processes, and instruments, to be even respectable medical students.

I would not for a moment underrate the importance of clinical teaching. I would rather magnify its use and office. Without, however, a better knowledge of physics than is usually possessed by the American medical student, the service of the clinic and hospital must lose much of its value. In some cases, it happens, that the students may not even comprehend the meaning of the words employed by their teachers. To cite a single example of this truth, think of the absurdity of grave professors talking learnedly of the application of continuous currents, and induced currents, to listeners who, in nine cases out of ten, have no clear idea of the distinction between galvanization and faradization; who do not, perhaps, know the real meaning of the commonest terms in electro-magnetism, such as "quantity," "intensity," etc.

Trousseau's remarks may have been applicable to those he was addressing, but they would not apply with equal force to an American medical audience. Whatever may be the condition of affairs in Europe, our colleges are undoubtedly deficient in the character and extent of the scientific medical training which they afford.

Even in those institutions like the University of Pennsylvania, whose courses of instruction are ambitious in their proportions, some subjects have been excluded from the regular curriculum or from auxiliary departments, which should have an important place; while others have been given position and even prominence, which could be done without altogether. All the physics especially necessary for the medical student is supposed to be taught by the Professor of

Chemistry, and yet his time is so limited that about half a dozen lectures are frequently all that he can devote to the subject.

Professor Huxley's opinion upon any educational topic is assuredly deserving of serious consideration. The distinguished scientist, moreover, has an especial claim to a hearing, when discussing medical education, from the fact of his having for many years held the position of Examiner in the University of London. According to Huxley, the best course for a medical college is one which would embrace and be restricted to the subjects of physics applied to physiology; chemistry applied to physiology; physiology, anatomy, surgery, medicine (including therapeutics), obstetrics, hygiene, and medical jurisprudence.

"I entertain," says Huxley, "a very grave conviction that any one who adds to medical education one iota or tittle beyond what is absolutely necessary, is guilty of a very grave offence." And yet in the same address which calls forth this emphatic remark, he recognizes the just demands of physics to a high rank in the regular register of a course in medicine; placing its claims above those of zoology, botany, and *materia medica*, which he would abolish entirely as branches of special medical instruction, not, however, embracing therapeutics under the head of *materia medica*. His opinion, too, on this question, gains additional strength from the fact that he would unhesitatingly strike comparative anatomy, his own particular pursuit, from the medical curriculum.

Whatever may be thought of the diverse arguments on this subject, all will, at least, agree that the medical man should strive to be fully worthy of his high vocation, of the titles by which he is known, and the respect in which he is generally held. "Doctor" has for its first meaning "teacher," and he who bears the title is always presumed to be erudite. He should possess a liberal education, also, in order to be deserving of the appellation "physician," derived from the comprehensive *phusis* of Hippocrates. He should not neglect a science, so much of whose lustre is due to professors of his own art, to men like Dr. William Charles Wells, the painstaking investigator of the phenomena of dew, and Dr. Julius Robert Mayer, the first to declare the absolute universality of the law of the conservation of force.

A REMARKABLE DOUBLE MONSTROSITY.

BY D. M. ELWOOD, M. D.,
Of Taylor's Island, Md.

The case of conjoined twins, known as "The Maryland Sisters," having excited much interest among my professional brethren in this vicinity, I send you, at the request of a number of them, a detailed history of the circumstances connected with their birth.

I was called, early on the morning of Feb. 4th, to attend the wife of Thomas Travers (colored), it being a severe case of dystocia. Reaching the house at three o'clock A. M., I learned that labor had begun some six hours previously, and had continued up to the time I saw her without intermission. A colored midwife was present, utterly at a loss what to do in the matter. On examination, I found the head of a child protruding. The neck was closely embraced by the vulva, which had apparently caused the death of the child by asphyxia. It had been a vertex presentation, of the occipito-public class, the back of the neck being squarely under the symphysis pubis. The midwife informed me that the head of the child had been in the same position for several hours, she having found it thus situated on her arrival.

On taking hold of the head, and using a considerable degree of traction, a new and peculiar sensation arrested my attention. I can only describe it by saying that it seemed as if the fetus were grown firmly to the mother. I had previously delivered children weighing fifteen pounds, but never had hold of one that appeared so immovable as this. No force that I at that time felt warranted to use made the slightest impression on its position. I could not move it a hair's breadth in any direction. After some little difficulty I succeeded in extricating the left arm of the child, and in doing so obtained hold of another hand, which, however, I could not bring down any further than just to expose the hand to sight below the vulva. I had already begun to suspect, from the protuberances of the abdomen, that it was a case of twins, a point now made certain by the fact that both of the hands in view were left hands. Having disengaged the right hand and arm of the first child, I found it still as immovable as before, and supposing the head of the second child was also engaged in the superior strait, I passed my hand up

the vagina in order to push back the head, if possible, till number one could be delivered. But I could find no head; nothing but the arm of number two, and a *something else*, whose character I could not well make out. There was also a something, as I ascertained by external manipulation, which felt very much like a head, lying at the left side of the maternal abdomen, *above* the superior strait. I continued to make strong tractions on the first child, which I could very well do by placing my fingers under the arms, but my efforts were entirely without result. The child still seemed grown to the mother.

The woman had a magnificent *physique*. She was large and well developed in every respect; had a roomy and well-formed pelvis, and had had five children previously, with a rapid and easy delivery in every case. The uterine contractions were all that could be desired; regular, energetic, persistent.

The true nature of the difficulty now began to dawn upon me, but, of course, I was in some doubt as to the best method of procedure. Here were two children, *of full size*, firmly connected together, the upper one lying *crosswise* above the pelvis, its shoulder and the ligament connecting it with its mate engaged in the superior strait, which was also occupied by the breech of number one. There were two methods of action: to sever the connection and deliver the children separately, or to bring down both together, if possible, by tractions sufficiently powerful. Neither mode was promising; and the former was attended with such extreme difficulty that I felt obliged to abandon it. The waters had been long ago discharged, the uterus was firmly compacted about every part of the double fetus, the point of junction was still high up, and the vagina was completely filled with the body of the first child and the arm of the second. Only a finger or two could be made to reach the point at which the separation could be effected. The whole mass was perfectly immovable. To use a knife under the circumstances seemed a matter almost of desperation. To separate them would have been a tedious process at the best, and would have imperiled the life of the mother.

Ascertaining, therefore, beyond a doubt, that the first child, at least, was dead, I called for a strong cord, and was provided with a piece about four feet long, and four lines in diameter. Doubling this, I put it, with a

noose, about the neck of number one, and by this means was enabled to exert all the force which was permissible in the way of traction; but still it was of no avail. After wearying myself with repeated trials, I stationed the father at the foot of the bed, gave him the double end of the cord, and directed him to draw on it steadily and strongly whenever I should give him the word. This I did at every recurrence of a pain, assisting as much as I was able by drawing on the arm of number two with one hand, while supporting the perineum with the other.

We continued this process for twenty to

told him to draw on it stronger than he had yet done. To my great relief the thing began to move. The body of number two, with the head and legs doubled back upon it, passed through the superior strait, and in the space of three or four seconds the twins lay before me, "large as life," but not quite as "natural."

The mother was comfortable at once. She had borne it all with the most unflinching bravery; had made no moan or complaint. There was less of hemorrhage than attends most cases of ordinary labor, no serious laceration of the perineum or any of the parts;

the placenta came away kindly in a few minutes, and the woman recovered as rapidly as if no unusual circumstance had attended her parturition. She is now, three weeks from her confinement, about the house as usual.

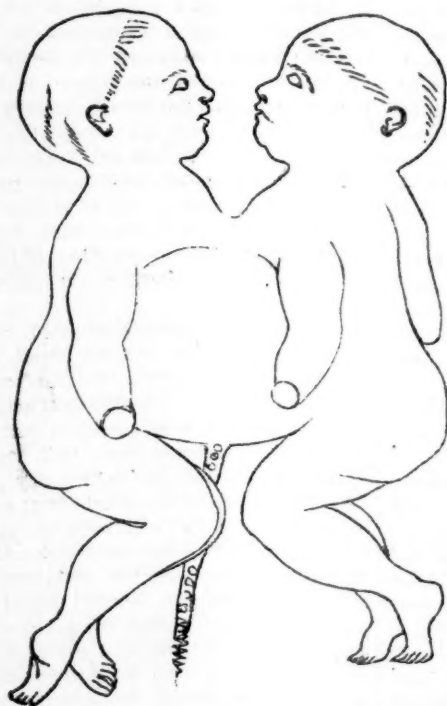
The children were females, well formed and perfect in every respect, measuring eighteen inches in height, and weighing at birth about fourteen pounds. They were joined, facing each other, from a point just below the nipples to the umbilical cord. This (there was but one) issued exactly between the two bodies at the lowest point of junction. The bodies were in immediate contact for a space of between three and four inches from above downward, and about two inches from side to side. The strength of the connecting integuments may be inferred from the fact that there was but a slight rupture at the upper portion, although they bore nearly the whole strain by which the delivery of number two was accomplished.*

Could these children, under any circumstances, have been born alive?

I think so. Had an intelligent accoucher been present at the beginning of labor, while pelvic version was yet practicable, and had he arrived at the correct diagnosis in season, I think he might have brought down the feet all together, and delivered the children simultaneously. The two bodies, or even the two heads, could

thirty minutes, during which period some six or eight pains occurred, they still holding their frequency and power. Up to this point no progress whatever had been made, except in diagnosis, and in the extrication of the arms of one child and the head of the other.

Although nearly despairing of success by this method, I concluded to make one more trial, and, after allowing the woman a few minutes' respite, I again stationed the father at the rope, and on the recurrence of a pain



* We have appended to the above article an outline wood-cut of this monstrosity, from a sketch by Dr. Wm J. Bowdler, of Church Creek, Md. The hands are not represented, in order to show the adhesion. Dr. Bowdler notes its similarity to that given in Ramsbotham, 2d Am. ed., p. 440.—Ed. R. FORTER.

have passed through the strait quite as well as did the body of number two in its longitudinal position. I should have tried that method, at all events, had I been summoned in season.

This case may be chiefly valuable as illustrating certain *possibilities* of delivery. Could we secure a *sufficient* amount of traction before a child is mutilated, might not craniotomy or embryotomy be sometimes avoided? According to my experience, the forceps, however skillfully applied, will slip before we can draw on them as forcibly as we would sometimes like to do. Why not pinch up a fold of the scalp, in a vertex presentation, using a pair of suitable forceps or pliers, and secure the traction by that means? The hold would be perfectly firm, and if the child were at all viable, it could certainly be brought down. Very likely somebody may have tried this, but I am not aware of its ever having been done. I have devised an instrument for the purpose, which I shall use on occasion.

A CASE OF DISEASE OF THE AORTIC VALVES.

REPORTED BY JOS. D. LOMAX, M. D., MARSHALL INFIRMARY,
Troy, N. Y.

The history of the following case, lately admitted into the wards of this hospital, may possess some points of sufficient interest to warrant a brief report of it being published in your valuable journal.

The subject of it was a male, aged forty years, single, of good habits, and by occupation a dry goods clerk. On admission he gave the following account of his case:—

In the middle of last July, while on his vacation, he had occasion to take an early stage to a point a few miles distant. During the journey he made an effort to indulge in a cigar, but he had not taken many whiffs before he began to feel a sense of nausea. He at once ceased smoking, but the stomach had become rebellious, and a most urgent desire to vomit soon followed. As there were several other passengers in the stage he did not wish to excite their disgust by the act of emesis; he fought against the desire, and finally succeeded in preventing it. But the effort, he averred, was the most desperate that he had ever made. This struggle continued about three-quarters of an hour, and was followed by a pro-

fuse cold perspiration "from every pore in the body."

When the patient arrived at Saratoga, his place of destination, he had nearly recovered from the immediate effects of the attack, and the remainder of the day he was able to spend in walking about the town. But during the night, though feeling as well as usual on retiring, he was seized with a most distressing cough, that continued to annoy him more or less until morning. So persistent and violent was this paroxysm, it greatly disturbed the occupants of the adjoining dormitories. Every night since he has been more or less annoyed with a cough, unattended by any expectoration.

The patient's vacation terminated in the course of a week, and he returned to his work, and aside from a slight impairment of appetite and the cough his health seemed as usual. But about the middle of August he found that such exercise as going up stairs and the lifting up parcels excited shortness of breath and palpitation. These symptoms rapidly grew worse, and no longer being able to attend to business he was admitted into the Marshall Infirmary on the 7th of October.

At this time the respiration was very much embarrassed; the face was pallid and puffed, and there was considerable edema of the lower extremities. On placing the ear over the base of the heart, serious disease of the aortic valves was at once manifest.

The patient rapidly failed, and died on the 19th, twelve days after admission.

The thorax was opened fourteen hours after death, and the heart removed. This organ weighed between fifteen and sixteen ounces, and, beyond an unusual size, presented nothing peculiar externally. On dissection, however, the aortic valves were found very much diseased, all of them being more or less thickened and opaque by fibrinous deposit. The conjoined attachment of two of the leaflets were, for a considerable distance, detached from the walls of the aorta, allowing the curtains to drop down below the level of the one retaining its connection. One of these valves was very much thickened, the deposit rendering it quite unyielding. It was lengthened, apparently from attachment, and also from its base to its free border. Its ventricular surface for nearly half of its extent was eroded; this erosion extended to the base of the valve, where it terminated in a fissure. On

its inner surface the delicate lining of the curtain was perforated at one point, and for a considerable distance from the edge of this opening the membrane was found, on the introduction of a probe, dissected from the subjacent tissue. When the valves were examined from above, before the aorta was laid open, the free border of this valve was found inclining downward, and on gently pouring water in jets into the vessel it was down against the walls below. This experiment seemed to explain the manner in which the erosion on the ventricular was produced.

The other valves of the heart appeared healthy, and the walls of the different cavities of normal thickness, those of the left ventricle measuring about eight lines. The internal surface of the aorta was very red, but otherwise the vessel appeared to be healthy.

An interesting question in the history of this case is: What influence had the event of July over the progress of the disease. That it was not the exciting cause seems evident from the amount of pathological change which the valves exhibited.

If valvular disease existed before the effort to restrain vomiting was made, and if the strain had no deleterious effect on its progress, to what then was due the sudden outburst, so to speak, of the disease, and its rapidly fatal termination?

That cardiac disease should develop itself so insidiously that the subject of it failed to suspect its existence until considerable damage had been done to the parts affected, is not remarkable. But that it should terminate fatally within two months from the manifestation of the first symptom, is not a common event in the history of aortic valvular disease.

It should be added that the patient stated that he had never suffered from rheumatism, never having had even a pain or ache about any of the joints, and that he had never known of a case of rheumatism in his father's or mother's family.

Case of Longevity.

Dr. N. J. Swaney, of Tennessee, sends an account of a colored man, Foster Goodall by name, said to be 112 years old. He was born in Albemarle Co., Va., and is still living with a daughter of his former master in Tennessee. These ancient colored individuals are generally too vague in their computations to be depended upon, but he may be an exception.

MEDICAL SOCIETIES.

MEDICAL BOARD, EASTERN DISPENSARY, NEW YORK.

STATED MEETING, FEBRUARY 12TH, 1874.

(Extract from the Minutes.)

[Note—Dr. O'Sullivan desired to say, at the last meeting, the boy, fourteen years, fractured condyles, had been nearly six weeks in care of another practitioner, with result, ankylosis, as stated when it came into his hands.]

Responsive to request, last meeting, Dr. Mitchell returns the case of a Comminute Fracture, etc. etc., Miss Joanna Fitzgerald, who, being present, demonstrates the improvement following daily movement with the injured arm, by means of rope fixed at a point vertical. Since last meeting there would appear to be a gain of at least 15° in the antero-postero motion.

He also would report for the case of Incised Wound Tendo-Achillis, Jas. E. Ray, as self-discharged. Patient attending to his daily business with or without a cane or other artificial support.

Dr. Mitchell then introduced the following case:—

Rodent Ulcer, Tertiary.

The patient, Frederica Schlicht, 47 Rose street, aged 33 years, married, no offspring, residing with her husband, now present, verifies the following history:—

Presented herself January 23d, 1874; ulceration had progressed from above downward, commencing about one year ago in "a pimple," midway between the inner canthi, and over the point of departure, downward of the perpendicular plate, from the horizontal or cribriform plate of the ethmoid, progressively destroying the skin and fascia; exfoliation of nearly all of the perpendicular plates, and perhaps parts of superior and middle turbinated bones, followed, producing a considerable cavity between the eyes, and a consequent prominence of the "bridge" of the nose or nasal bones.

About two months before these observations were made, the ulceration had shown itself in the lower part of the cartilaginous septum or columna, rapidly destroying all tissues, converting the two elliptical orifices of the base into one ovoid aperture, attacking the left ala, and laying open the nasal fossae and the vomer, accompanied with copious, foul, grayish discharge, and torturing osteocephalic pains.

At once commenced (January 23d, 1874) with cod-liver oil, whisky and port, beef essences and beef tea, ad libitum, externally, carbolic acid and glycerine, with a slight amendment in avidity with which the disease ate up the tissues.

Finally, about the first week in February, from a largely concealed statement, the history not satisfying the close observer till then, the diagnosis was definitely made out as tertiary syphilis, and on February 7th, 1874, commenced potass. iodid., in forty grain doses, thrice daily.

In two days the dolores osteocoepei had so far disappeared that natural sleep ensued, and has since occurred daily. About the 10th of February reduced the dose to thirty grains, thrice daily, adding hyd. biniod. 1-32 grain.

Dr. Brekes thinks it resembles lupus exedens; has had several cases; he removed the crust or scab, and applied nitrate of silver. Suggests the nasal syringe as useful; thinks it specific. Endorses large doses iod. potass. Relates cases where, for a period, five to ten grain doses four times daily were ineffectual, whereupon the dose was increased to sixty grains thrice daily, for four or five days, then reduced to one drachm daily, with the best results.

Dr. Raphael relates a case of secondary, with osteocoeptic pains, insomnia, etc. etc.; the history enigmatical, but had confessed.

Dr. Detmold had directed "blue ointment;" commenced with potass iodid., two dr. to four oz. mixture, with improvement very slight, then increased to four dr. iodid. and bromid. combined, with excellent results.

Dr. O'Sullivan believed that the condition of the patient indicated syphilitic taint. The general appearance and the condition of the air-passages on close examination strengthened this impression. The patient evidently improved on the treatment pursued. He believed, however, that smaller doses of potass. iodid. would fulfil the indications, and disapproved, in decided terms, of the indiscriminate use of large doses, which seem fashionable, lately, in medical practice. Further, stated his belief that comparatively small doses of the bi-chloride of mercury in combination referred to would answer the indications. He had pursued this course in the treatment of such cases for several years, both in public and private practice, with satisfactory results.

Dr. Pilgrim suggested externally the use of "Purple Wash."

NEW YORK COUNTY MEDICAL SOCIETY.

STATED MEETING, FEBRUARY 23, 1874.

DR. ELLSWORTH ELLIOTT, PRESIDENT.

Scoliosis.

Dr. Hermann F. Guleke read an extensive paper on Scoliosis, or Curvature of the Spine.

Dr. Fimmel asked whether or not appliances were desirable in this affection, and if it would not be better to educate the muscles so as to relieve the deformity.

Dr. Guleke said that it was only in the confirmed stages of the disease that mechanical appliances were necessary, otherwise special gymnastics were indicated.

Dr. Lewis A. Sayre suggested that elastic bands would prove beneficial during the first two stages, to assist in reducing the curved state of the body.

The President introduced to the Society Dr. John H. Packard, of Philadelphia, who would exhibit a splint.

Splint for the Treatment of Excisions of the Knee-Joint.

Dr. Packard said he did not propose to discuss the subject of excisions of the knee-joint, but merely to show a splint for the after treatment. Much importance attaches to the perfect quiet of the limb after the operation. His attention was called to the subject, and after considerable consideration he had devised the instrument before the Society. In all the cases in which it had been used by his colleagues and himself, in Philadelphia, it had only failed once, and that was in a young patient under his own care; eventually, even in this case, it had to be used. The splint at first sight looks like a straight posterior splint for fracture, with two high iron handles at the knee. On close inspection it is found that instead of being in one piece it is in three pieces, and the handles are iron brackets connecting the upper with the lower section. The middle piece is about four inches in width and slides between the brackets so as to make the splint continuous. The advantage in this middle section is to afford facility in removing the dressings. The splint when adapted extends up as far as the trochanter major and tuberosity of the os femoris; at the lower extremity is an adjustable foot-piece for securing the limb below. The thigh and leg portions of the splint are hollowed out, and to their edges are secured leather sides, which may be perforated by eyelets, and the whole limb in this manner securely fastened. When it is necessary to change the dressing the limb is elevated and the flat middle shelf slid out. After the dressings are rearranged this shelf is put back again into position and the limb arranged in bed.

The great advantage derived from the apparatus is that after the operation the ends of the bones may be put in apposition and kept there for an indefinite time, unaffected by the shifting of the dressings. Dr. Packard said also that he found it advantageous after operation to place the limb in such a position that there would be a slight bend at the knee. A more satisfactory result was obtained in this way for the patient than if the limb were perfectly straight.

Dr. Frank H. Hamilton said Dr. Packard had sent him the splint for examination some time ago. He had found it wonderfully adapted for the purpose intended, and was withal so simple. He was of the opinion that it might be of service in some severe cases of fractures and in some cases of lacerated wounds where it was desirable to keep the parts in a state of rest.

Dr. Lewis A. Sayre also thought highly of the apparatus. It was simple and well designed for the purpose intended.

On motion a vote of thanks was tendered to Dr. John H. Packard for his kindness in bringing the splint to the notice of the Society.

New York State Medical Society.

The President called on Dr. Jacobi to give to the Society some of his experience at the late meeting of the New York State Medical Society

Dr. Jacobi said that the time he spent there was particularly agreeable. He was impressed with the great interest manifested by the members on all the papers that were presented. Every year that he visited Albany to attend the meeting of the Society he determined that he should be present the next year, whereas, when he visited the American Medical Association he invariably made up his mind never to do so again.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, FEBRUARY 19TH, 1874.

AUSTIN FLINT, PRESIDENT.

Stricture of Meatus Urinarius.

Dr. Fessenden, Ohio, read a paper on the above subject, and recited at length the histories of nineteen cases of stricture, with the peculiarities in their history and the benefit derived from treatment. The stricture at the meatus causes the retention of a few drops of urine, and this irritation prolongs the gonorrhœa. Again, the contraction acts on the urine in micturition, so as to cause it to suffer a recoil, and this recoil gives rise to a disturbance in the nervous distribution in the deeper parts of the urethra.

Dr. Otis was also of the opinion that the irritation, though painless in itself, caused much pain and uneasiness in different parts of the genito-urinary system, and this was proved by curing the stricture when all the other trouble disappeared. This disturbance the Doctor referred to was notably instanced during coition. The treatment that Dr. Otis strongly advised was that by cutting. And when the stricture is cut the incision must be carried through the whole extent of it. If this is not done it will soon return. And when it is laid open it must be kept so by the steady introduction of sounds. Eventually, if this treatment be carried out, all traces of the stricture will disappear, as instanced in some of the recorded cases.

Dr. Post remarked that although he had not met a class of stricture cases like Dr. Otis, he was aware of the trouble that a relatively painless irritation might cause. As a case in point he might mention that at one time, when he was cutting a wisdom tooth, he suffered severely from an attack of facial neuralgia. When the irritation of the tooth was removed the neuralgia disappeared also. The pain from the tooth, though noticeable, was nothing in comparison to the neuralgic pain.

Dr. Post also has found that phymosis in children will give rise to many of the symptoms of stone in the bladder.

Dr. Detmold wanted to know from Dr. Otis whether or not any trouble arose from passing the sound after cutting the stricture. He was prompted to ask this question by seeing at his clinic a patient with the parts much swelled, and upon whom the operation had been performed.

Dr. Otis said he was glad Dr. Detmold drew

attention to the case, as the case had been operated on, but the swelling was in no way to be attributed to the operation. In none of the cases had there been any trouble noticed after operative procedure.

Instrument for Facial Paralysis.

Dr. Detmold said that on a former occasion he had drawn attention to an instrument he had used in facial paralysis. This was a wire hook that was connected with the corner of the mouth and fastened over the ear. He had modified this so as to cause it to contain elements for the production of galvanism, and in this way produce an additional effect on the paralyzed muscles.

He was of opinion that the galvanic influence was of little moment, and considered that the main benefit was derived from the support that the affected muscles received.

Dr. Detmold then exhibited a more simplified instrument than the original, which consisted of a silver hook not unlike a fish hook, the diameter of the curve being about three-fourths of an inch. At the end of the shaft was an eye, to which an elastic was attached, and this could be secured to the ear. The surface of the hook in contact with the angle of the mouth was one-fourth of an inch broad and arched, so as not to cut into the tissues.

Dr. Detmold said this principle of support had been applied to lead paralysis of the forearm, but he did not recollect the name of the man who brought it forward. One of the gentlemen present said it was Dr. Van Vibber, of Baltimore.

WAYNE COUNTY, ILL., MEDICAL SOCIETY.

At the last meeting of this Society Dr. Miller reported a case of

Traumatic Tetanus.

He saw the patient on December 24th, two weeks after the accident. The patient had received a gun shot wound on the hand, the ball entering the palmar surface, carrying away the larger portion of the fourth and fifth metacarpal bones. The patient was exposed on the 28th, during a sudden change of the weather, and immediately afterward he was seized with rigidity of the muscles. The hydrate of chloral was given, but without relieving the spasm.

Dr. Prince was called in consultation the next day. He suggested the hypodermic injection of one-sixtieth of a grain of sulphate of atropia. An immediate amendment of symptoms followed the first injection. The chloral was continued, with an injection of atropia twice daily, for about four weeks. When the effect of the medicines passed away the violent spasmodic condition returned. The patient always expressed himself as greatly relieved by the hypodermic injection.

The pulse ranged during this time from 112 to 120. On January 29th there were marked

symptoms of improvement, from which time convalescence has uninterruptedly continued. The doctor said he had no doubt the life of the patient was saved by the use of the atropia.

Dr. Prince said that he had seen eight or ten cases of tetanus, but had never before known a patient to recover. He considered atropia as a very valuable remedy; thought it acted by diminishing the congestion and irritability of the spinal cord.

Collecting Fees.

A committee on fees recommended,
1st. All bills are to be regarded as due as soon as services have been rendered.

2d. A statement of current accounts should be made every three months.

3d. The legal rate of interest should be charged upon all accounts after they are rendered until they are paid.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Therapeutical Value of the Sulphides.

An excellent article is contributed to the *Lancet*, February 21st, by Professor Sydney Ringer, on the sulphides of potassium, sodium and calcium. He says:—

I wish to call attention to the value of sulphides present in many natural waters, in abscesses, boils, and scrofulous sores. The influence of the group on the suppurative process is easily made manifest. Thus when sulphide of potassium or calcium is administered, a thin, watery, unhealthy discharge becomes at first more abundant, afterwards diminishing, and throughout continues thicker and healthier, possessing indeed the characters of "laudable" pus. The condition of the sore improves correspondingly, and its healing is promoted.

Their efficacy may be frequently demonstrated in cases of the following kind. An unhealthy child, from six to twelve months old, suffers from a slight sore-throat, perhaps occurring in scarlet fever or measles. The sore throat produces considerable enlargement of the glands behind the angle of the jaw. The swelling, of stony-hardness, may be sufficiently large to interfere with swallowing and to push the head on one side. Suppuration takes place, but is very deep-seated, and for a long time there is neither redness of the skin nor fluctuation, and the pus very slowly makes its way to the surface, so that a fortnight, three weeks, or even a month may elapse before the abscess bursts, or is fit to be opened, when a deep hole is left, with considerable induration around it. The pain and constitutional disturbance are so great that the child sometimes dies; and even if this termination is averted, the deep discharging hole heals very slowly, owing to the indurated and unhealthy state of the adjacent tissues. If a tenth of a grain of sulphide of calcium, mixed with a grain of sugar of milk, is given in such a case every hour or two hours, the results are most striking. The swelling becomes smaller, the pus reaches the surface in four or five days, and when it

is evacuated leaves a benign wound which quickly heals. The effects of these remedies are equally conspicuous in mammary abscesses, although in rare instances they appear temporarily to increase the pain, a remark which seems sometimes to hold good with respect to boils. But as a rule the pain is speedily mitigated. Singular to say, I have found these remedies of much less use in forwarding the maturation and expulsion of pus in indolent buboes, but my experience of their use in buboes has been but small.

In boils and carbuncles these remedies yield excellent results. A tenth of a grain of sulphide of calcium, given every two or three hours, generally prevents the formation of fresh boils, while it lessens the inflammation and reduces the area of the existing boils, and quickly liquefies the core, so that its separation is much more speedy, thus considerably curtailing the course of the boil. Where the skin is not yet broken, and the slow-separating core therefore not yet exposed, the sulphides often convert the boil into an abscess, so that on bursting pus is freely discharged, and the wound at once heals. These remedies meanwhile improve the general health, removing that debility and malaise ordinarily so markedly associated with these eruptions. In some cases, however, as in the deep-seated boils and abscesses of diabetes, they are powerless. In carbuncles the sulphides will generally be found equally serviceable, melting, as it were, the core into healthy pus, and so quickly expelling the dead and otherwise slow-separating tissue. In abscesses and carbuncles it is useful to apply belladonna over the inflamed part to reduce inflammation and allay pain. The skin should be thickly smeared with equal parts of belladonna and glycerine, and over this a poultice applied, renewing the belladonna each time the poultice is changed. Poultices, however, being liable to bring out a fresh crop of boils, one of the following plans should be adopted: Smear belladonna ointment some distance round but not over the boil, and then apply a poultice, the greasy application thus protecting the neighboring

tissues. Or, still better, apply a belladonna or opium plaster on leather, with a hole the size of the boil around the swelling, and through the opening smear glycerine and belladonna, covering all with a small poultice. The leather plaster efficiently protects the surrounding skin and averts the production of fresh boils.

I have thought it worth while to mention these useful plans of protecting the boil; but it is scarcely necessary to observe that whilst investigating the effects of sulphides, I have employed them alone, or at most sometimes using only a poultice. The good effects of sulphides are conspicuous in certain scrofulous sores not uncommonly seen in children.

The sulphides appear to me to exercise a very beneficial influence in suppurating scrofulous glands in the neck. Here again they hasten the elimination of the pus, and subsequently the cheesy scrofulous matter. After the abscesses have burst, and continued slowly discharging a scanty, unhealthy pus, and when the edges of the sores have become much thickened and indurated, these remedies render the discharge more abundant, thick, creamy, and healthy, considerably hasten the evacuation of the scrofulous matter, which prevents the healing of the wound, and at the same time softens the round indurated edges, so that the sore heals much more speedily. If small doses appear to affect these sores but little, larger doses, as half a grain or a grain, should be given several times a day, or even every two hours. I need hardly say that to compass the results described the treatment must be continued several weeks, for it is vain to expect them to occur in a few days, when the sores have been discharging perhaps for months or even years.

Can a Person be Anæsthetized During Sleep?

This is a very important medico-legal question, and it is ably discussed, though not conclusively settled, by Professor Dolbeau, in the January number of the *Annales d'Hygiène*. The case was that of a young woman who claimed she had been chloroformed during sleep and then violated. Professor Dolbeau performed several experiments, and found that sleeping animals were readily aroused by the presence of even small quantities of chloroform in their immediate vicinity. The cases of three patients are also given, who while sleeping were readily aroused by applying small quantities of chloroform at no great distance from the nostrils. In a second series of experiments made on seven patients, ten drops of chloroform were poured on a napkin folded in four, which was gradually brought to the vicinity of the air-passages, so that all air inspired had traversed it. In all these cases the patients were suddenly aroused from their sleep, some immediately, and one only after the eleventh inspiration.

A third group of cases, consisting of twenty-nine patients, was next experi-

mented upon, furnishing different results. These are given in some detail, but it will suffice to say that it was found that in ten out of the number, that is, in more than a third, complete anæsthesia could be induced without awakening them. Dexterity in the mode of procedure seemed to have something to do with the proportion thus obtained, for this increased progressively with the number of cases experimented upon.

"New researches will still be required in order to establish the influence which may be excited on the results by the age of the subjects, their sex, their prior condition of health, personal habits, etc. The purity of the chloroform employed is also a matter of importance. While thus appealing to future researches, your reporter, making certain reserves, still feels that he is authorized in drawing a somewhat positive conclusion. Scientifically it is difficult, but often possible, to render persons insensible by means of chloroform who are in a state of natural sleep. Certain precautions, the employment of a very pure article, and great practice, are conditions that favor the success of the attempt. It is probable that certain subjects are absolutely refractory, that is, it is impossible to anæsthetize them, in spite of every precaution that can be taken. Others, on the contrary, and especially young children, easily undergo anæsthesia without being aroused from their sleep by the irritation which the anæsthetic produces in the air-passages. Under the criminal aspect, it is certain that chloroform administered to sleeping persons may facilitate the perpetration of certain crimes. It is, however, probable that the conditions favorable for anæsthesia will be rarely combined on the occasion of criminal attempt. But before the tribunals the expert should declare that it is possible, if not easy, to render a sleeping person sufficiently insensible by chloroform to allow of his becoming the victim of a criminal attempt."

Puerperal Thrombosis and its Remedy.

This was the subject of a recent paper by Professor Playfair, before the Obstetrical Society, of London. He pointed out that, on account of its tangible symptoms, the attention of the profession had been chiefly limited to one only of the manifestations of this disease, phlegmasia dolens. He discussed at considerable length the analogies between this and thrombotic affections in other parts of the body, especially in the heart and pulmonary arteries, and brought forward many arguments to prove their essential identity. He also considered the question of spontaneous thrombosis and embolism in the pulmonary arteries, arguing, in opposition to the views of Virchow and other writers, that the former was a possible though rare affection. The anatomical condition accompanying peripheral thrombosis and central thrombosis and embolism were also discussed. The author then proceeded

to consider the possibility of eventual recovery after pulmonary obstruction, bringing forward several illustrative cases, and concluded by discussing the treatment. In this connection it was remarked that Dr. Richardson had shown that the exhibition of ammonia, in doses varying from ten to twenty drops of the liquor in sweetened milk every hour or half hour, had a powerful effect in preventing the formation of clot, and in some cases in dissolving it when formed. The liquor ammonia had a great advantage over the carbonate or alkalies generally. These weakened greatly the already exhausted patient, and their elimination was not so rapid. The administration of the liquor might be pushed almost to complete disintegration of the blood globules, and no danger follows, as they will be rapidly reproduced. It is then the remedy to be tried in all cases of thrombosis, puerperal or otherwise.

The Hypodermic Use of Carbolic Acid.

The Berlin *Centralzeitung* contains an article by Dr. HÜTER on the practical value of the subcutaneous injection of carbolic acid as an antiphlogistic remedy in local inflammatory conditions.

He uses a solution of 2 parts of carbolic acid in 100 parts of water. This is injected by means of a Pravaz's syringe, which holds about 0.9 gramme of the solution, or rather less than 0.02 gramme (three-tenths of a grain) of carbolic acid. The injection of two syringefuls of the solution at the same time has not been found to produce any symptoms of poisoning, nor has any darkening of the color of the urine been observed. Dr. Hüter has not exceeded the quantity of two syringefuls at one injection; and he repeats the operation when necessary, only after an interval of one or two days. No pain or swelling follows; the point where the needle is inserted only becomes a little tender. The injection is attended with so little pain, that it does not produce any even in small, sensitive children.

The antiphlogistic action of the parenchymatous injection of carbolic acid was well marked in nearly all cases; and Dr. Hüter specially mentions some of the diseased conditions in which its effects have been distinctly observed.

In hyperplastic granular synovitis (white swelling) of the knee, the injections are made at the most central part of the joint, so that the needle touches its surfaces. The result is abatement of the pain, falling of the evening temperature, which had been persistently high, and distinct reduction of the swelling. The injections must be repeated at intervals of two or three days, according to the chronicity of the disease.

In subacute glandular swellings having a tendency to suppuration, and in inguinal and femoral buboes, the injection leads to abatement of the pain, redness, and oedema; while the glands become reduced in bulk. It is sometimes necessary to repeat the in-

jections several times before the cure is complete.

In acute phlegmon of the subcutaneous and subfascial connective tissue, the injection is made at the periphery, as it may be calculated that the lymphatics will carry the remedy towards the centre; when the phlegmon is extensive, two injections are made at different points. The result is to produce contraction of the tissue in a few hours, with cessation of the pain. Recovery takes place without suppuration, even if this, though imminent, have not already appeared.

In traumatic erysipelas, Dr. Hüter makes an injection at different points along the edge, so as, for instance, to prevent the erysipelas from spreading from the forehead to the hairy scalp. He has, however, not yet ventured to treat the entire circumference of the erysipelas with numerous injections, so as to cut it short. Dr. Wilde, of Plau, has also recorded some successful cases of treatment of subcutaneous erysipelas by the injection of sulphocarbonate of soda.

Dr. Hüter attaches great importance to making the injections into the parenchyma, so that the carbolic acid may be carried into the cavities of the largest joints, into the connective tissue surrounding the vessels, and into the interior of the lymphatic glands, and there exert its antiphlogistic influence. He regards the parenchymatous injection of carbolic acid as the most powerful antiphlogistic means which we possess; neither the application of ice, nor withdrawal of blood, nor any other means short of operation, can be compared with it in this respect.

Compound Fracture of the Thigh Bone and Patella of the same Limb.

The subjoined case, reported in the *Irish Hospital Gazette*, was treated successfully in Mercer's Hospital, Dublin, by Mr. O'GRADY, M. B., etc., Surgeon to the Hospital. The case turned out remarkably well, but we omit the history, confining our extract to the dressing, which has some novel features:

The patient, a lad of medium stature, was an "inside" servant, and had the pale, unhealthy appearance found in so many of his class. On admission the left thigh was seen to be much distorted, being shortened by at least five inches, and, moreover, generally emphysematous nearly from the foot to some inches above the groin; there was also extensive blood extravasation into the intermuscular spaces of the thigh. About the middle of the outer side of the thigh the pointed extremity of the upper portion of the broken femur had pierced the skin, and protruded for more than two inches; by a moderate amount of extending force this was easily reduced, and then the integumental opening contracted to a small perforation, such as would about admit a man's little finger. The fracture was very oblique, running from above in a direction downward, outward, and backward. The region of the patella was severely abraded and contused, and on manual examination that bone was found to be transversely fractured, the portions, however, be-

ing but little separated. In addition to this principal fracture, there were also some chips knocked off, specially from the upper piece. The patient's face was also much scratched and in part abraded, showing that it had been subjected to friction against the wall of the house as the boy fell; his general condition was one of considerable shock and depression, but he rallied after being placed in a heated bed and getting warm stimulants.

The fractured thigh was put up in the manner in which cases of that accident under my care generally are, viz., two similar and broad straps of adhesive plaster were each doubled at one end on itself, so as to form a loop, through which a piece of narrow strong tape was passed, and the pieces of plaster, after being well heated so as to secure firm adhesion, were placed one on each side of the leg, extending as high up as the knee (the loops corresponding to the level of the sole of the foot), and by a roller bandage, most carefully and smoothly applied, were maintained securely enough to allow of any reasonable traction being put on the tapes continued from the loops. The complications of the case rendering inapplicable the use of the ordinary apparatus in vogue for treating broken patellæ, the following plan was had recourse to:—Both ends of a strip of strong adhesive plaster were doubled on it so as only to leave the centre couple of inches of adhesive surface exposed, from one border of which a little trimming was taken so as to make it concave; this middle portion, having been previously well heated, was applied immediately above the summit of the patella, the concave edge being turned downward, and, the adjacent abraded surfaces having been dressed with zinc ointment, the roller bandage was then continued upward to above the knee, and secured all in situ; the two loops (each having a tape run through them) hung down respectively on the inside and outside of the leg for six or eight inches. *A bit of lint folded in four and steeped in the blood as it oozed from the opening in the thigh, was placed over the wound, and manual extension and counter-extension being kept up by assistants, the many-tailed bandage was applied, in continuation upwards to the groin, and a soft and well-fitting perineal lac was placed in position and secured to the head of a well-padded Liston's splint. Extension was simultaneously kept up on the inferior pair of tapes, likewise on those attached to the strap designed for steadying the patella, and the limb brought down to a suitable length, when they were all tied through the notches in the bottom of the splint, and the limb bandaged to it, the pelvis being firmly secured also by the spica. A full opiate was then administered, the urine drawn off by the catheter.*

The Action of Chloral.

The *Chemist and Druggist* states that at the Paris Academy of Sciences, on January 19, M. Bussy read a note from M. Personne, respecting the theoretical action of Chloral.

M. Personne has for some years maintained that the special hypnotic effects of chloral hydrate are due to the formation from it, in the circulation, of chloroform, produced by the action of alkali. Other experimentalists have denied that the blood is sufficiently alkaline to produce such an effect. Some have failed to obtain the result with solutions of the alkaline bicarbonates, Vichy water, etc. M. Personne replies that such experiments could not have been carefully performed. He finds that even the weak alkalies, such as magnesia, phosphate of soda, blood, white of egg, will transform chloral into chloroform at a temperature of 40° (Centigrade). An argument against M. Personne's theory is, that the action of chloral is so much more persistent than that of chloroform, and some imaginative investigators have attributed this to the production in the system, from the chloral, and simultaneously with the chloroform, of formic acid, which, in its turn, undergoes a further decomposition, yielding carbonic acid, whose hypnotic action they suppose is added to that of the chloroform, and thereby accounting for the more permanent effects of chloral. But M. Personne repudiates these explanations submitted by his too eager disciples, and presents a much more scientific and probable theory. He says: "The first effect of chloral hydrate on the albuminous substances of the body is to engender chloroform, at the expense of the alkali of those substances; then these albuminous bodies, deprived of alkali, combine with the remaining and uninjured chloral. This combination forms a sort of reservoir, from which chloroform is supplied gradually as the circulation demands it. This theory explains why so little chloroform is found in the blood of animals which have been subjected to the action of chloral, and also why the medicine acts so powerfully in modifying the tissues when it is used for dressing wounds."

M. Personne adds that chloral may be advantageously employed for the preservation of the most easily decomposed animal substances. He used a solution of 1 in 10, and with the admixture of glycerine with this, he says, anatomical specimens and such like bodies may be perfectly preserved, both in substance and appearance.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Mr. VOGEL, of Leipzig, announces an important work shortly to appear, under the editorship of Prof. H. VON ZIENISSEN, of Erlangen, a *Handbuch der Speciellen Pathologie und Therapie*, to be completed in fifteen volumes. Among the collaborators

are Professors Heller, Geigel, Vogel, Wendt, Hitzig, and other well known German medical writers. Circulars, etc., can be obtained from L. W. Schmidt, 24 Barclay street, New York.

—"What Young People Should Know," being the anatomy, physiology, and hygiene of the human reproductive organs, by Prof. BURT G. WILDER, is among the announcements of Estes & Lauriat.

—The *Report of the Pennsylvania Hospital for the Insane*, for the year 1873, is received. On January 1st, 1873, there were 395 patients, since which time 261 have been admitted and 240 discharged or died, leaving 416 at the close of the year. The total number of patients during the year was 656, and the average number under treatment the whole year was 404.

—The yellow fever epidemic of Shreveport, etc., last summer, has called forth a number of studies on the disease. The first place should be given to the very able articles of Dr. JOSEPH JONES, Professor in the University of Louisiana. They have appeared in the *American Practitioner*, the *New York Medical Journal*, the *New Orleans Medical and Surgical Journal*, and other periodicals, and will be collected shortly into a volume. Dr. C. SPINZIG, of St. Louis, also proposes a volume entitled *Epidemic Diseases as Dependent upon Meteorological Influences*, an installment of which is sent us. Shreveport furnishes his text, but he is too little conversant with the English language to write agreeably, or always intelligibly. He rejects the germ theory, and holds to "chemico-physiological influences. Instructive reports on the fever epidemic are contained in the *Annual Report of the Supervising Surgeon of the Marine Hospital Service of the United States*.

BOOK NOTICES.

The Life of John Warren, M.D., Surgeon-General during the War of the Revolution; First Professor of Anatomy and Surgery in Harvard College, etc. By EDWARD WARREN, M.D. Boston, Noyes, Holmes & Co., 1874. 1 vol., cloth, 8vo, pp. 562. Price \$5.00.

Very few medical worthies of the United States merit a biography as much as Dr.

JOHN WARREN; still fewer will find so capable and sympathetic a biographer as he who narrates this history of a life in the volume before us. We have sat over its fascinating pages far into the night, and have had our interest excited even for the Doctor's old colored hostlers, "Cuff" and "Quaco." The minute portraiture of the educational difficulties of the young man in ante-revolutionary times, his early struggles, and his later vexations, are described with a most truthful and graceful pen.

Dr. WARREN sought a practice first in Salem, Mass., and it is evident that fortune was as much of a laggard then as now. He complains to his brother that a physician "must either die or throw aside business, to realize any considerable proportion of the money which he has in book debts," and somewhat ruefully reflects that he runs but a slim chance of getting a select practice until his elder competitor, Dr. Holyoke, "is incapable of business, which is not likely to be soon," a prediction verified in a remarkable manner, for Dr. Holyoke lived, hale and hearty, in full possession of all his faculties and in active practice, until he was over a hundred years old! (1728-1829).

Luckily Dr. WARREN did not wait for such a remote event, but was drawn into the army at the outbreak of the war, served his country with unwavering patriotism, and at what personal sacrifices are touchingly portrayed in his letters to his wife. He was elected Professor of Anatomy in 1781, and until his decease in 1815 continued to reside in Boston, enjoying a large and remunerative practice, which he much needed, as he had sixteen children, and no backgrounds of paternal inheritance.

All this could hardly be better told; but we think the author errs in here and there bringing in discussions, not always felicitously set forth, which have nothing to do with his subject. For example, and to give but one (pp. 456-57), if he does not know that the modern doctrine of evolution rests on wholly different bases from the systems of Lord Monboddo and Erasmus Darwin, as he evidently does not, he had much better have said nothing about it. But these slips are venial, and we readily concede them to one who has given us a book so really readable as this one.

The typographical appearance of the work is excellent, and a steel engraving of Dr. WARREN is added.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 21, 1874.

D. G. BRINTON, M.D., Editor.

✚ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

✚ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

✚ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editor disclaim all responsibility for statements made over the names of correspondents.

NOTICE TO SUBSCRIBERS.

The MEDICAL AND SURGICAL REPORTER, the HALF-YEARLY COMPENDIUM, the PHYSICIAN'S POCKET RECORD, and the other publications of this office, will continue to appear punctually and without interruption, as heretofore. Dr. D. G. BRINTON, who has had entire charge of both the business and editorial management of the office since more than a year previous to the death of Dr. S. W. BUTLER, will retain his relations to these publications, and increased efforts will be made to maintain their high character and general popularity.

Drafts, checks, etc., should henceforth be drawn to the order of D. G. BRINTON, as business manager.

Letters, whether on business or literary matters, should be addressed

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
Philadelphia.

CURIOUS MEDICAL EPITAPHS.

In *Love's Labor Lost*, Biron declares that for the sake of Rosaline he will "jest a twelvemonth in an hospital." Some of us may have found that task not so difficult as Rosaline thought. The grimmest surroundings cannot quench the spirit of humor; and even Death and the Grave have been the subjects of ghastly jocosity. Indeed, strange as it is, monumental inscriptions and epitaphs are a favorite field for the wit and the punster. Not a few of them are the productions of members of our profession, who almost seem to have had a partiality for writing their own epitaphs. A certain Dr. ISAAC LETSOME, buried in a Scotch Kirk-yard, wrote this verse for his tombstone, but it is presumed did not acquaint his patients with its purport:—

"When people's sick, they come to I.
I physic, bleed and sweats 'em;
Sometimes they live, sometimes they die;
I can't help that; I. LETSOME" (lets 'em).

His professional skill must have been on a par with his grammar; and the only trait we can praise in his verse is his modesty.

A London physician, Dr. MESSENGER MONSEY, who died in 1788, at the unusual age of ninety-six, and was interred in Lawrence Rountney burying ground, wrote his own epitaph, closing with the following Voltairean cynicism:—

"What the next world may be little troubles my pate.
If not better than this, I beseech thee, O Fate,
When the bodies of millions fly up in a riot,
Let the carcase of old Dr. MONSEY lie quiet."

This reminds us of the biting impromptu of the poet Collins, written by him on the tomb of an infamous nobleman, which bore the inscription *Ultima Domus*.

"Paul says, there somewhere is or stands,
Another house, not built by hands;
Or should we gather from these words,
That house is not a House of Lords?"

Dr. ROBERT GRAVES, of Dublin, whose *Lectures on Practice*, published in 1843, was the first work of the Irish School to advocate the supporting treatment of febrile diseases, asked that his only epitaph be, "He

fed fevers." Whether his wishes were carried out, we know not, for not every epitaph that is prepared is inscribed on the stone.

Mr. Norfolk, in his interesting little book on *Curiosities of Churchyards*, tells us how "Fate, jealous of the reputation of the faculty," forced one of the foes of our profession to change an inscription he had written for his own tomb. He was a hale old man, named Proctor, and he wrote for himself:—

"Here lies the body of Thomas Proctor,
Who was born, lived and died without a doctor."

But shortly after he had consummated this triumphant distich, he broke his leg, and had to sacrifice to Esculapius after all.

Dr. Stafford, who was enormously fat, was honored with this epitaph:—

"Take heed, O good traveler, and do not tread
hard,
For here lies Dr. Stafford, in all this churchyard."

This may have also been a quiet hit at his aid in filling the churchyard with the bodies of others. Generally, however, epitaphs do our profession justice, even though they do state that "physicians were in vain." One in a cemetery at Cirencester, closes with a pun worth repeating:—

"Our bodies are like shoes, which off we cast,
Physic their cobblers, and Death their last."

A well-known epitaph in a churchyard at Edmonton, on the tomb of a hostler who died from an overdose of medicine administered by the barmald, contains a wholesome warning to those who officiously assume the duties of the physician. It is in dog-latin, and runs thus:—

"Ille Jacet Newberry Will,
Vitam finivit cum colchicum pilli.
Quis administravit? Bellamy Sue.
Quantum quantitas? Nescio—

Scisne tu?

Ne auctor ultra crepidam."

Which may be translated:—

"Here lies Newberry, known as Bill,
Who died from a dose of colchicum pilli.
Who gave it? Bellamy, known as Sue.
How much did she give? Don't know—

Do you?

Leave drugging to doctors, whatever you do."

It is said that in Wales and Cornwall the people are very partial to epitaphs contain-

ing such medical statements of the cause of death of the deceased. Quite a number are quoted in the collections published. One in Acton Churchyard runs in this style:—

"Here lies entombed one Roger Morton,
Whose sudden death was early brought on.
Trying, one day, his corn to mow off,
His cradle slipped and cut his toe off.
The parts they took to mortifying,
And poor dear Roger took to dying."

Another in Chigwell cemetery contains the following warning:—

"My disease you ne'er heard tell on;
I died from eating too much melon.
Be careful, then, all you that feed. I
Died because I was too greedy."

But we must not wander too long amid these relics of curious lore and quaint humor. Now and then, however, it is not amiss, in the toils of professional labor, "to interpose a little ease," and let our thoughts dally with the eccentricities which the gloomiest subjects seem capable of evoking.

HYDROPHOBIA.

Though just now we are far removed from the dog days, both in England and this country, quite an unusual degree of attention has lately been attracted to hydrophobia.

In Huddersfield, England, a dog ran raging and foaming through the streets, biting six persons. It was killed, and a pin was found imbedded in the coats of its stomach. The suggestion was made, and eagerly seconded, that the dog was crazed with pain, but had not genuine rabies. The Hon. Mr. Grantley F. Berkeley, a gentleman of extensive acquaintance with the canine race, maintains that nine out of ten so-called mad dogs are merely delirious from the fever attending the common distemper. Those dogs, he says, will lap water freely, but the hydrophobic dog will not.

This position is controverted by a leading veterinary surgeon, who pronounces the "water test" unreliable. Moreover, mad dogs, dogs with true rabies, are well known to snap up and swallow dirt, chips, rags, etc., which might have pins and other

foreign bodies in them, and hence the presence of such bodies in the stomach by] no means proves that intestinal irritation caused the delirious actions.

The sad death of a talented and popular young actress, Mrs. Ada Noyes, better known by her stage name of Ada Clare, has excited much comment. It occurred March 5th, in New York city. The last week in January she was bitten in the nose by a little pet lap dog. But little notice of the matter was taken at the time, but on Monday, March 2, symptoms of hydrophobia began to be manifested. The best medical aid was summoned, but to no purpose; the poor lady grew rapidly worse, until death put an end to her sufferings. The Coroner held an inquest on her remains. All the testimony went to show that the dog was not mad at the time.

Dr. Elliott testified that he cauterized the wound with nitrate of silver on the 30th of January, and for ten days thereafter she appeared to be doing well, so well that she appeared on the stage with Lucille Western, at Rochester, on Monday night. During the performance, however, she became insensible, and in her quieter moments requested to be taken to New York. On the train she suffered the greatest distress, and frequently prayed to be killed. The jury found a verdict in accordance with the facts.

The question of treatment seems still undecided. Cauterization by nitric acid or nitrate of silver is probably the safest plan, but it should be done early. Dr. DE MARMON gives some excellent suggestions which will be found in the *New York Medical Journal*.

Meanwhile, of course, the superstition of the "mad stone" comes to the surface again. A gentleman in Batavia, Illinois, was bitten on the hand, and hastening to a physician had the wound thoroughly cauterized within ten minutes after receiving the injury. To make matters sure he subsequently had the "mad stone" applied; as he has not had

hydrophobia, he attributes his exemption, of course, to the stone, and not to the medical treatment.

NOTES AND COMMENTS.

Therapeutical Notes.

LOTION FOR FETID FEET.

The *Union Medicale* recommends permanganate of potash, fifteen parts, distilled water, 1000 parts. The feet to be washed twice a day with the lotion. They are then to be carefully dried, and powdered either with potato-starch or lycopodium.

NOCTURNAL MUSCULAR CRAMPS.

A writer to the *British Medical Journal* says, that if a person subject to this distressing affection will place blocks of wood, six inches high, under each post at the head of his bed, and have his bed made slanting from the head to the foot, he will not suffer from cramps.

USES OF CHLORAL.

Dr. Waters, in his book, recently reviewed in these columns, says that chloral in small doses will effectually check the irritable cough of pleurisy and bronchitis, although, curiously enough, it has little influence on that of pericarditis and pneumonia. In the presence of renal disease it rarely does good. Occasionally he has found chloral produce, instead of sleep, delirium and excitement, especially in those accustomed to the excessive use of alcohol and tobacco. To prevent the vomiting which a dose of chloral sometimes produces, absolute rest is most effectual. Even walking across the room is sometimes sufficient to bring it on.

USES OF CONIUM.

Dr. Kennedy, of the College of Physicians, of Dublin, gave the following instances where this drug had been used by him with success:—

A lady, aged 21, had long suffered from hoarseness and loss of voice. Succus conii was administered, and in a month these symptoms disappeared. Another lady, aged 23, had inflammation of the left ovary, with persistent pain. Extract of hemlock was used, and a rapid recovery followed. A compositor, aged 23, had recurrent attacks of severe abdominal pain. His bowels were regular, and his appetite remained good. There was no trace of lead poisoning. Shooting pains across the abdomen, and

into the testes, were complained of; and a tumor existed between the liver and the cæcum. Pressure on this tumor caused pain, but its exact nature was doubtful. He was much better after ten days' treatment by hemlock. In general bronchitis in a girl, aged 12, the drug was of the greatest use, rapidly causing certain hectic symptoms to disappear. Dr. Kennedy has used hemlock with success in painful affections, such as rheumatism and neuralgia, in phthisis and hectic, and in some forms of dysuria. Its effects appeared to be tonic and anodyne.

SULPHUR IN DIPHTHERIA.

In several severe cases of diphtheria sulphur has been employed in this city with gratifying success. A teaspoonful of lac sulphuris is administered thrice a day. The false membrane is swabbed with dilute sulphurous acid, and a general supporting treatment adopted.

The Advance of Preventive Medicine.

Even in the land of the "Irish Typhus," sanitary regulations are driving out preventable disease. The *Dublin Journal of Medical Science* winds up an article in its January number with the cheering prediction:—

"A noble future is dawning for preventive medicine, and the time is coming when, owing to the removal or lessening of its exciting causes, fever may be as uncommon in our country as the plague, the black-death, or any other 'pestilence that walketh at noonday.'"

Guarana Equal to Poor Coffee.

Dr. Walter George Smith, of Dublin, seems to have a low opinion of guarana, and his opinion is always worth listening to. He says its active principle, the so-called *guaranta*, is identical with the well-known caffeine or thein, a base which occurs also in Paraguay tea (*Maté*) and in the kola-nut of West Central Africa. Guarana is practically nothing but a convenient channel for the administration of impure caffeine.

On So-called Ergotin.

Three preparations are called ergotin, one prepared from the alcoholic extract, and a second from the aqueous extract; while, according to Wenzell, ergot contains two alkaloids, ecbolin and ergotin, which can each be obtained as an amorphous, brown, feebly

bitter powder, easily soluble in water and spirit, insoluble in ether and chloroform. The property of exciting contraction of the uterus is stated to reside in the ecbolin, but this statement needs confirmation. These bases seem to rest upon a slender foundation, and their relation to the former ergotins is not determined. In short, as matters stand at present, it is impossible to give a satisfactory answer to the question, what is the active principle of ergot?

The Climatic Zones of France.

A few weeks ago a well known hygienist, Dr. De Pietra Santa, gave a lecture in Paris on the climate of France. He stated that France possesses five very distinct climatorial regions: the Vosgian, or northeast; the Sequanian, or northwest; the Girondin, or southwest; the Rhodanian, or southeast; and the Mediterranean, or Provençal. Each of these regions presents a different zone, according as it is near or at a distance from the sea, or according as one descends the valleys or ascends to the mean heights. The maritime atmosphere is more uniform than that of heights; the barometrical pressure is constantly strong; the air is purer, and is renewed by the sea and land breezes; in equal volume, the sea-air contains more oxygen, is impregnated with sea-salt and a peculiar odor which it acquires from marine plants. Such an atmosphere would tend to develop the strength of the different organs, increase the power of the muscles, modify and harmonize the central and peripheral circulations; and, finally, would exalt the activity of the intellectual faculties. The air of hills and mountains, at a height of 700 metres, or about 2300 feet above the level of the sea, presents the following characters: It is naturally lighter, and contains, in equal volume, a small proportion of oxygen; it is impregnated with a more considerable quantity of watery vapor, and it contains a good deal of ozone. The influence of such a climate is particularly sedative and soothing, whereas a maritime one is tonic and stimulant.

The American Gretna Green.

The efficient Registrar of Providence, Dr. Snow, has been pointing out, in the *Providence Journal*, the faulty marriage laws of Rhode Island. It appears they permit minors of any age to marry, without the consent of parents or guardians. He says it is

not unfrequent that children of fourteen or fifteen years are married in that State; even more tender babes than that may be united in marriage without the knowledge or consent of their parents. In a State Report on Registration the marriage is mentioned, in a single year, of couples of the following ages: 18 and 14, 17 and 15, 16 and 15, 61 and 15, 76 and 13!!!

The Registrar adds:—

"This defect in our marriage laws has had the effect to make Providence a Gretna Green for runaway matches of minors from our own State. Scarcely a week elapses that applications are not made for an examination of the records, by distracted parents from this and from other States, to ascertain if their minor sons or daughters have been married here."

Rhode Island laws would suit Bishop Ferrette, whose opinion we quoted a few weeks back.

A Phenix in Medical Journalism.

The fable of the phenix ran that there was but one such bird. This solitary eminence is enjoyed by a medical journal in this city, which maintains that it is "legitimate" for medical journals to seek notoriety from medical sensations; to be cried in the streets by newsboys; to be sent to all the dailies with marked paragraphs; and, as it says, to advertise "in every way." No other regular medical journal is quite so "advanced" in the theory of ethics as this. Perhaps it, like Dickens' lawyer, Vholes, considers everything "legitimate" that is not illegal. But no; its obliquity of vision is one of the compensations of nature. Its unexampled acuteness of ethical sensitiveness about the duties of hospital physicians, etc., is naturally compensated by a corresponding obtuseness regarding the proprieties of medical journalism.

Blue Pus.

A few weeks ago we quoted some observations on the phenomenon of "blue sweating." Not very unfrequently surgeons notice blue stains on linen used as dressing for suppurating wounds and sores. Several such cases are referred to by Dr. H. F. PARSONS, in the *British Medical Journal* for Feb. 14. He attributes the hue to some particular product of oxidation of the discharge.

CORRESPONDENCE.

Encephaloid Disease of the Liver.

ED. MED. AND SURG. REPORTER.

The following case seems to me worthy of note:—

I was called to see the infant daughter of J. P—, on the 15th of July, 1873, on account of an enlargement in the side, as the father said, which they had noticed some time previous. Upon my visit I found a little girl of about five months old, lymphatic temperament, general appearance healthy, good appetite, sclerotic slightly jaundiced, tongue coated, bowels constipated. Upon examination I found a slight enlargement or fullness in the hypochondrium; no tenderness; rather hard and immovable, presenting an even surface, with no appearance of fluctuation; no enlargement of veins; no pain nor discoloration of surface.

A gentle laxative was given, and ung. iodinii comp. applied locally. For two months there was scarcely any change in the patient. The tumor had grown very slowly. About the 5th of October it had become about twice as large as when first seen, and was thought to contain some fluid, when an exploring needle was passed into its substance, after which, with a trocar, I drew off about two ounces of dark, bloody, albuminous fluid, mixed with pus. The tumor could now be felt to be hard and unyielding, and slightly nodulated. After four weeks the character and appearance were somewhat changed, the countenance presenting that peculiar expression seen in most cases of malignancy, worn, haggard, and tired. The cachexia now began to be noticed; the tumor had grown very much, extending into the epigastric, right lumbar, and umbilical regions, pushing the diaphragm high up, and compressing the right lung. The symptoms gradually grew more serious, and the patient died on Jan. 30th.

Autopsy thirty hours after death. Two incisions were made, one on median line, from the sternum to the pubis, the other transversal across the abdomen, exposing an enormous growth, filling up almost the entire cavity. The tumor was enveloped in a fibrous sheath, and was so firmly adhered to the walls of the abdomen and surrounding viscera as to prevent enucleation. Its origin was traced to the right lobe of the liver, which was found to be very greatly enlarged and softened, becoming a part of the abnormal growth. The left lobe was very greatly diminished in size. The tumor contained two large cysts from which was discharged three pints of ichorous, bloody and offensive pus. The substance of the tumor was highly vascular; large blood-vessels permeated the entire structure, also strong fibrous bands passing through it, giving a grating sound when cut through by the scalpel. The entire mass was estimated by those present to weigh no less than 15 or 20 pounds. A microscopical examination proved it to be true encephaloid.

old disease. The remaining abdominal viscera presented a healthy appearance; nothing abnormal, except the position they were forced to occupy, the intestines being crowded into the left lumbar and inguinal regions.

The points of interest are as follows:—

1st. The age of patient when the disease first made its appearance, being not more than two months old, and, from family history, was very probably born with the disease, which remained latent a very short period.

2d. The little patient giving no sign of pain throughout the disease, a very unusual thing, I believe, in the history of such affections, pain generally being a prominent symptom; also the constitutional symptoms manifesting themselves very late in the disease, the patient still retaining a good appetite until death.

3d. The enormous dimensions the tumor attained and the terrible emaciation.

Both parents were healthy, but the mother had lost two aunts by schirrus.

J. H. CROUSE, M. D.

Dayton, Ind.

NEWS AND MISCELLANY.

COLLEGE COMMENCEMENTS.

Medical Department of the University of Pennsylvania.

The 108th Commencement of the medical department of the University of Pennsylvania was held March 12th. The house was thronged, most of the audience being ladies. A full orchestra gave a very pleasant concert for half an hour before the commencement of the exercises and performed during the intervals of the celebration.

The exercises were opened with prayer by the Rev. Henry J. Morton, D.D., LL.D., after which the overture to "Oberon" was performed by the orchestra.

The degree of Doctor of Medicine was then conferred on one hundred and twenty-one gentlemen, the names being called by Prof. R. E. Rogers, M. D., and the diplomas presented with the usual Latin formula, by Prof. Charles J. Stillé, M. D., LL.D.:—

The Graduates were from the following States: Pennsylvania, 76; Delaware, 5; Maryland, 4; New Jersey, 4; Tennessee, 4; Virginia, 3; North Carolina, 3; Illinois, 2; Texas, 2; Massachusetts, 2; and Missouri, Nebraska, Mississippi, Iowa, Ohio, New York, Alabama, Minnesota, South Carolina, Kentucky, Maine, Cuba, Ireland, Mexico, Nova Scotia, Brazil, each one respectively.

The award of prizes for peculiar merit in scholarship was then made, as follows:—

Two prizes of \$100 each were awarded for the best essays on subjects connected with medicine and surgery, considered worthy of publication, as follows:—

To Dr. Charles G. Frowert, of Philadelphia, on "Physiological Antagonists of

Physostigma," and to Dr. John R. Haynès, of Philadelphia, on "Ligatures."

Honorable mention was also made of the following gentlemen, for the meritorious character of their theses:—

Joseph Berens, Philadelphia, on "Animal Ligatures."

Daniel M. Guiteras y Gener, Matanzas, Cuba, on "Uremia."

Frank P. Housekeeper, Lancaster, Pa., on "Experiments and researches concerning the glycogenic functions of the liver."

V. Gonzales Salinas, Coahuila, Mexico, on "A nerve-cell in a maniacal brain."

Austin F. Fullenweider, Des Moines, Iowa, on "Notes in nerve physiology."

Guilherme Ellis, Brazil, South America, on "Emphysema of the liver."

Joseph S. Edwards, Philadelphia, on "The ordeal bean."

Francis C. Hand, Philadelphia, on "Excision of the knee joint."

Wm. H. Hawkes, Massachusetts, on "The structures and functions of the colored corpuscles of the blood."

James Morris Lewis, of Philadelphia, on "Jaundice."

Charles C. Matteson, Illinois, on "Is Ovation the sole cause of the Catamenia?"

James C. Merrill, Massachusetts, on "Anomalies of Human Osteology."

Alfred B. Nelson, Kentucky, on "Vis Medicatrix Naturæ."

James C. Ogden, Philadelphia, on "Deflection of the tongue as a sign of disease."

Benjamin Janney Rudderow, Pennsylvania, on "Lead."

A prize of a gold medal, presented by Dr. H. Lennox Hodge, Demonstrator of Anatomy, was awarded to Dr. Frank P. Housekeeper, of Pennsylvania, for the greatest diligence, care and skill in the study of Anatomy.

A second prize of \$30 in cash, presented by the same Professor, was awarded to Dr. Frank P. Housekeeper. The money was in an envelope bearing the motto, "Perseverantia omnes res vincit." His prize was for the best record of anomalies in the anatomical room.

A prize of \$30, presented by Prof. Wm. Pepper, M. D., was awarded to Dr. La Rue D. Rockwell, of Pennsylvania, for the best record of ten medical cases observed by him; and a second prize of \$20, from the same Professor, was awarded to Dr. L. Byron Baldwin, of Pennsylvania, for the ten next best in order of merit.

After more music by the orchestra, the valedictory address was delivered by Prof. Joseph Carson, M. D. After which the audience was dismissed with the benediction.

Jefferson Medical College.

The annual commencement of the Jefferson Medical College of Philadelphia was held March 11th, at noon, in the Academy of Music.

The degree of Doctor of Medicine was conferred on one hundred and fifty-one graduates, their names being called by Prof.

J. B. Biddle, M. D., LL. D., Dean of the Faculty, and the degree conferred by Dr. Jesse R. Burden, President of the Faculty.

Of these there were from Pennsylvania, 83; Ohio, 11; Illinois, 6; Maryland, 4; Tennessee, 4; Arkansas, Georgia, Massachusetts, Michigan, each 3; Connecticut, Delaware, Missouri, New York, North Carolina, Nova Scotia, each 2; Kansas, South Carolina, California, Canada, Porto Rico, Virginia, Minnesota, Mississippi, New Jersey, Alabama, Texas, Iowa, Germany, Maine, each 1.

The following prizes were then awarded:—

1. A prize of \$100, by H. C. Lea, Esq., for the best Thesis, to James F. Baldwin (A. M.), of Ohio, with honorable mention of the Theses of John N. Farrar, of Massachusetts, and Charles D. Strong, of Georgia.

2. A prize of \$50, by the Professor of Anatomy, Dr. Joseph Pancoast, for the best Anatomical Preparation contributed to the Museum, to Charles J. Jessop, of Pennsylvania, with honorable mention of the Preparation contributed by H. L. Getz, of Pennsylvania.

3. A prize of \$50, by the Professor of Surgery, Dr. Samuel D. Gross, for the best report of his surgical Clinic, to John B. Roberts, of Pennsylvania.

4. A prize of \$50, by the Professor of Practice, Dr. J. M. Da Costa, for the best Essay on Practical Medicine, to Hugo Engel, of Pennsylvania, for an Essay on Fatty Liver.

5. A prize of \$50, by the Professor of Institutes, Dr. J. Aitken Meigs, for the best paper of Physiological Investigation, to J. G. Simshon, of Berlin, Germany, for a paper, entitled, Contribution to the Physiology of the Voice and Speech.

Dr. Addinell Hewson, on behalf of the Alumni Association, then presented to the trustees a handsome portrait of Professor Joseph Pancoast, by Waugh. Dr. Hewson accompanied it with an appropriate presentation speech.

Professor Pancoast arose, and was greeted with loud applause; he returned hearty thanks for the honor done him, and said that he would be as insensible as a stone did he not feel deeply the expression of affection from the alumni for their old teacher, whose good fortune it had been perhaps to smooth for them, to some degree, the rugged paths of science, and, touched as he was, he could only recall the language of his friend, Dr. Hewson, as applied to himself, and wish for his old pupils and friends of the alumni in future the glowing praise they had bestowed upon him.

After more music by the orchestra, the valedictory address was delivered by Prof. J. M. Da Costa, M. D., after which the audience were dismissed with the benediction by the Rev. William Rudder, D. D.

The Women's Medical College.

The twenty-second annual commencement of the Women's Medical College of Pennsylvania took place March 13th. The exercises were opened with musical selections by the Germania Orchestra.

T. Morris Perot, Esq., President of the Board of Corporators, conferred the degree of Doctor of Medicine upon the following ladies:—

Pennsylvania—Mary Bleht, Ella M. Ridgway, Mary G. Hood, Jean Sinclair Saylor.

New York—Olive Dewey Aldrich, R. Biansia Church, Mary K. Hutchins.

New Jersey—Amy S. Barton.

California—Charlotte B. Brown, A. M.

Connecticut—Celestia A. Benedict.

Ohio—Sarah Brooke, Georgiana C. Glenn.

Indiana—Annie Caldwell, Ellen A. Ingersoll.

Massachusetts—Laura V. Gustin, Anna B. Jackson.

Iowa—Caroline M. Dodson.

England—Emma H. Palmer.

Professor Rachel L. Booley, A. M., delivered the valedictory address.

The Philadelphia College of Pharmacy.

The commencement exercises of this Institution were held on the evening of March 12th, at the Academy of Music.

The diplomas, conferring upon each member of the class the degree of Graduate in Pharmacy, were distributed to the graduates by Mr. Dillwyn Parrish, President of the College.

The graduates numbered as follows:—From Pennsylvania, 47; New Jersey, 8; Ohio, 4; Wisconsin, 2; Kentucky, 2; New York, 4; Illinois, 3; and one each from Virginia, Missouri, Arkansas, Iowa, Texas, Mississippi, Massachusetts, Delaware, North Carolina, Kansas.

The valedictory address was delivered by Professor Robert Bridges, M. D.

ALUMNI MEETINGS.

Alumni of the Jefferson Medical College.

The annual meeting of the Alumni Association of Jefferson Medical College was held at the college on March 10, Dr. S. D. Gross presiding. The annual report of the Executive Committee was read and adopted. It states that active exertions were made during the year to procure subscriptions for the building of a new hospital, but that owing to the financial panic the committee were not able to collect as much money as they had hoped to obtain. Five thousand dollars, however, were received from the executors of the estate of the late Jesse George, and it is hoped that during the coming year the committee will be more successful.

An interesting address on the history, present condition, and prospects of the school, was delivered by Dr. Seavy, of Maine, which was listened to with marked attention.

The following officers were then elected for the ensuing year:—

President.—Dr. N. L. Hatfield.

Vice Presidents.—Drs. Atlee, Hewson, Wilson, and Toltz.

Recording Secretary.—Dr. Andrews.

Corresponding Secretary.—Dr. Dunglison.

Treasurer.—Dr. Rand.
Executive Committee.—Drs. E. Wallace, Da Costa, Bournonville, Levis, Brintor, Knight, R. M. Given, J. A. Meigs, W. H. Pancoast, J. C. Morris, F. F. Maury, Thompson, Keen, Atkinson, Andrews, Allis, N. Hatfield, Townsend, Warder, Engel, J. B. Roberts, Barton, Rex, Leaman, and Stone. The Association then adjourned.

Alumni of the University of Pennsylvania.

The fourth anniversary of the Society of the Alumni of the Medical department of the University of Pennsylvania was celebrated March 11th.

They were received by Prof. Rogers, Dean, and accompanied him to inspect the University Hospital in process of construction.

The report of the Executive Committee, prepared by Dr. Hartshorne, was read by Dr. Tyson, and approved. It stated that the General Fund for the Hospital was \$200,000 from the State; contributions, \$350,000; alumni ward fund, \$11,261. Total, \$561,261.

An amendment to the constitution, giving power to the Executive Committee of the Alumni to elect three Managers of the Hospital, was agreed to, and the appointments made by them were approved.

Professor Rogers stated that the Faculty had decided to award a \$100 prize for the best essay for publication.

Dr. Carson said that the widow of Professor Jackson had donated the greater portion of his library to the institution.

The tellers announced the following as the officers to serve the ensuing year:—

President, George B. Wood, M. D.; Vice Presidents, Joseph Carson, M. D., George W. Norris, M. D., Isaac Hays, M. D., Meredith Clymer, M. D.; Corresponding Secretary, R. A. Cleeman, M. D.; Recording Secretary, Horace Y. Evans, M. D.; Treasurer, R. E. Rogers, M. D.

Orator, Cornelius G. Comegys, M. D., of Cincinnati, Ohio.

The annual oration was then delivered by Dr. Claudius H. Mastin, of Mobile, Alabama, after which the annual collation was partaken of.

Annual Meeting of the Alumni Society of the College of Physicians and Surgeons, New York.

The annual meeting of the Alumni Society of the College of Physicians and Surgeons took place on Wednesday eve, Feb. 26th, in the lower lecture room of the College. The President, Dr. C. Agnew, in his address, gave a resume of the work done during the year, and of the progress that is being made towards the founding of a chair in the College.

PROPOSED ALUMNI CHAIR OF PATHOLOGICAL ANATOMY.

The Alumni Society have had under consideration for a long time, but recently have taken action in endeavoring to raise by subscription a fund of one hundred thousand dollars. With this fund they propose to

establish laboratories for the prosecution of experiments on chemical, physiological, and pathological subjects, and moreover to found a chair of pathological anatomy in the College, to be called the "Alumni Chair of Pathological Anatomy."

During the past year quite an amount of money had been subscribed by the Alumni members resident in New York city, and when this has been increased still further they would feel warranted in appealing to the wealthy men of the community. The prize committee reported that three theses had been sent to them for adjudication. Each of these was of unusual merit. They had decided, however, in favor of one on the mechanism of hearing, which was accompanied by some carefully elaborated specimens. The motto accompanying this was "*A Practitioner.*"

After some discussion as to whether it was proper to open the envelope bearing this motto, or to wait until the Alumni dinner, it was decided to open it that evening. The envelope contained the name of Dr. A. H. Buck, of New York city. This Alumni prize amounts to two hundred dollars, and is open for competition to all Alumni of the College. They choosing their own subject.

On motion the Society adjourned till Monday evening, March 2d, the occasion of their annual dinner at Delmonico's.

ANOTHER THESIS PRIZE.

The friends of the late Professor Joseph Mather Smith, of the College of Physicians and Surgeons, have founded an annual thesis prize of one hundred dollars in his honor. This prize is to be awarded at the annual commencement of the College, and is open to the Alumni and graduates of the year. The subject proposed for the year 1875 is to relate to "*Some of the Departments of Hygiene.*"

Trustees of the Jefferson Medical College.

An election for Trustees of the Jefferson Medical College, to fill vacancies, was held March 10th. The following gentlemen were elected: Hon. Asa Packer, Hon. Jos. Allison, Hon. Furman Sheppard, Hon. Wm. A. Porter, and J. B. Lippincott, Esq. The Board as at present organized is as follows: President, Hon. J. R. Burden; Secretary and Treasurer, Geo. W. Fairman, Esq.; Trustees, Hon. James R. Ludlow, Hon. Henry M. Phillips, Hon. James Campbell, Hon. G. W. Woodward, General C. M. Prevost, Dr. E. B. Gardette, Joseph Patterson, Esq., Anthony J. Drexel, Esq., and those elected on Tuesday, as stated above.

The Philadelphia Lying-in and Nurse Charity.

At a special meeting of the contributors to the Philadelphia Lying-in Charity Hospital, the report of the Board of Managers was presented, acknowledging contributions toward the erection of a four-story building, sufficiently large to contain hospital wards for the reception of additional patients. This is a most praiseworthy charity.

—A party of bandits attacked a stage near Guadalajara, Mexico, February 26th. They killed, among others, Dr. Wilhelm Westfall, a German physician, formerly in practice in Havana.

QUERIES AND REPLIES.

Depilatories.

(See *M. and S. R.*, March 14, p. 252.)

MR. EDITOR:—I call the attention of your correspondent to the assertion of Dr. Böttger, that the best depilatory is a mixture of one part of crystallized sulphate of sodium with three parts of fine carbonate of lime, mixed and reduced to a very fine powder. This mixture may be kept any length of time without alteration, in well closed bottles. When moistened with a drop of water and laid, by means of the back of a knife, on the part of the skin covered with hair, in a few minutes the thickest hair will be turned into a soft mass, easily removed by means of water. *Hirsutus.*

Philadelphia, March 13.

The Medical and Surgical History of the War.

MR. EDITOR:—You say, in your issue of March 14, that "copies of the Medical and Surgical History of the War can no longer be obtained." I have a copy that I will sell for \$25.00. *Bibliopole.*

[The address of Bibliopole can be obtained at this office. ED. REPORTER]

Obstetrical Replies.

MR. EDITOR:—In your number for March 7th, p. 223, I find certain queries in regard to a given obstetrical case.

The case is one in which the child's head is in one of the occipito-posterior positions, with forehead, of course, at the pubis.

The Doctor asks, 1. The proper treatment; 2. The difficulties likely to be encountered; 3. Prognosis for the child; 4. Prognosis for mother.

My answer, founded on my own experience in these cases, to the first question is:—

Deliver with the forceps as soon as the os is sufficiently dilated. Judging from my own cases, it is not of the slightest use to wait for nature. Such delay is very apt to prove fatal to the child, and is a source of useless exhaustion to the mother.

2. No difficulties will be encountered by a reasonably skillful operator, beyond those usually met with in application of forceps at brim of pelvis.

3. Prognosis for child is good, if delivered promptly.

4. Prognosis for mother invariably good, if managed as above.

Will "T. G. C." be kind enough to inform us as to the treatment in the given case, and its results?

J. S. Bird, M. D.,

Hyde Park, Dutchess Co., New York.

OBITUARY.

DR. JEAN CRUVEILHIER.

On the 11th of March the cable brought news of the death of this famous anatomist and pathologist. Born in Limoges, in 1791, he made his medical studies under the famous Dupuytren, receiving his degree in 1816. His first professorship was in

the school of Montpellier, where, in 1822, he published his *Traité de Médecine Opératoire*. At the death of Declard he was called to the chair of anatomy at Paris, 1825. Here he completed his great work *Anatomie Pathologique du corps humain*. This gained him the chair of pathological anatomy, created by Dupuytren in 1835. Various other medical works subsequently emanated from his pen. As a clinical teacher his arena was the Hospital de la Charité. In his later years he took a less active part in the interests of science.

DR. SAMUEL ABERNETHY.

At Rahway, New Jersey, on February 13, 1874, Samuel Abernethy, M. D., in the sixty-eighth year of his age. He was born February 22, 1806, at Tinicum, Pa. He was graduated at Union College, New York; and in the year 1830 he and his surviving brother, Hugh H. Abernethy, M. D., were graduated together in the Medical Department of the University of Pennsylvania. In 1831 he commenced practice at Rahway. For twenty-five years his industry was untiring. And it was only after the renewed effects of an early accident, which rendered him lame, and his being in some degree disabled by long exposure, that his ceaseless activity was, for the last fifteen years, somewhat abated. He never married.

MARRIAGES.

EYES—HUTCHINSON.—February 19th, by the Rev. George B. Robinson, assisted by the Rev. R. P. Dubois, Dr. James S. Eyes and Maggie D. Hutchinson, both of New London, Pa.

HEILMAN—MOORE.—At the residence of the bride's father, Amenia, N. J., on February 25th, by Rev. W. J. Judd, of Montrose, Pa., assisted by Rev. J. H. Hawchurst, of Amenia, I. C. Heilman, M. D., of Philadelphia, and Miss Mary L. Moore, late of Scranton, Pa.

STEWART—MURPHY.—On Thursday, February 26th, 1874, at the residence of the bride's parents, Monroe, Ohio, by the Rev. A. Hamilton, of Monroe, Mr. John C. Stewart, of Middletown, Ohio, and Miss Clara E. Murphy, only daughter of C. W. Murphy, M. D., of Monroe, Ohio.

PARSONS—NORRIS.—On Thursday, February 27, 1874, in this city, by the Rev. Henry J. Morton, D. D., James Parsons and Mary F., daughter of George W. Norris, M. D.

WELLS—IRELAND.—On the 3d ult., at the residence of the bride's mother, Germantown, by Rev. H. Hastings Weld, D. D., Dr. Howard Wells, U. S. N., and Fannie L., daughter of the late William Ireland, niece of the officiating clergyman, all of this city.

DEATHS.

FAIRCHILD.—Suddenly, in February, at Parsippany, New Jersey, Dr. E. V. W. Fairchild, for many years a well known practicing physician in Morris county, aged 53 years.

HAMMOND.—In New York, on the 4th inst., Somerville Pinkney, eldest son of Dr. William A. Hammond, in the 21st year of his age.

HANCOX.—Near Mt. Holly, N. J., on the 25th ult., Edmund Hancox, M. D., son of the late Rev. Edmund Hancox, aged 23 years.

ROTZELL.—At Gloucester City, N. J., Friday, Feb. 27th, Joseph M. Rotzell, M. D.

SLACK.—At Fishkill, on Hudson, on the 3d inst., of scarlet fever, Helen M., daughter of Dr. Henry and Frances M. Slack, aged 12 years.

SIMPSON.—In Baltimore, on March 3d, Col. Josiah Simpson, Surgeon U. S. Army.

STEWART.—On February 11th, P. Stewart, M. D., at Peekskill, New York, in the 64th year of his age.